

MINUTES
Stakeholder Conference Call
August 11, 2006

Attendees: Stakeholders, Regional Community Services Staff, HarmonyIS Milestone Oversight team, HealthCarePerspective LLC team, and Fordyce Mitchel, Daphne Rosalis

1. Completed our first round of testing with Harmony and EDS
 - a. We created an electronic claim using EZ Claim (software that allows the end user to enter claim information and the software generates an electronic 837). This was created outside of Harmony.
2. We sent the claim to Harmony
 - a. Harmony ran the claim through the “scrub” where minimal data is looked for in order to accept the claim (NPI, rendering provider number, etc.)
 - b. Harmony generated an electronic 997 indicating whether or not the claim was able to be read (passed the scrub)
 - c. Once the claim passed the scrub it went into the Harmony adjudication. At this point Harmony processed the claim and looked for any errors based on rules for adjudication. Most of these rules were taken from the CSR pre-adjudication process from EDS. Harmony’s adjudication process denied three service lines appropriately and approved the rest.
 - d. Harmony sent an 835 back to us telling us about the three denied service lines. It took about a minute to get this response from Harmony.
 - e. The elements of the claim that passed the Harmony adjudication were sent to EDS. EDS was able to read the claim and sent back a 997 and a CSR. The CSR process took one hour (the normal time for this process).
 - f. In addition, for claims that passed the CSR pre-adjudication EDS was able to process the 835. Unfortunately, EDS was unable to post the return 835 to the test website for Harmony to pick up. That will be corrected by the next test cycle, according to EDS. We were able to get a claim all the way through to EDS for them to pick up.
 - g. EDS sent the 835, encrypted, to the Department and to Harmony, by email. The next step is for Harmony to take the 835 and create a payment voucher for the financial division in order to create a warrant. This piece has yet to be tested.
3. Harmony will continue to work on ensuring that all adjudication rules are tested and working the way they should, in addition:
 - a. Ensuring that their system is mapping all fields correctly
 - b. Ensuring that variations of 837’s will pass adjudication
 - c. Ensuring that reversals and adjustments will work correctly regardless of whether the provider submits an adjustment through direct entry (two-part Harmony) or via an 837.
 - d. Complete loading of databases
 - e. Completing reports needed for DMHMR fiscal office has a way to balance what EDS is paying and what is actually sent to providers

4. DMR will continue to work on creating testing scenarios to send to Harmony to ensure that rules of adjudication are running correctly, in addition:
 - a. Continue to work on reporting specifications to ensure that Remittance Advice and Balancing sheets are sufficient for providers
 - b. Continue to work on waiting list reports
 - c. Continue to set up prior authorizations
 - d. Work on developing workflows and user manual for Harmony
5. Harmony will be delivering the Two-Part Harmony front end piece September 4th which will allow more people the opportunity to enter claims and have claims work their way through the Harmony adjudication process.
6. To date we are scheduled to have the pilot sites come into Montgomery September 20-21 to learn how to submit claims using Harmony. Testing will continue through the month of October.
7. We are still on schedule for the delivery and training and testing on the Case Management piece as well. This is the wait list applications, waiver enrollments, and Plans of Care that is scheduled for November.
8. Switching to a different topic we met with the Case Management supervisors for the MR 310's in a meeting Tuesday of this week. This was a good meeting and we hope to be able to do it again with the comprehensive 310's included. One of the things that we discussed is the Plan of Care has been revised because the Medicaid agency has changed its mind. We had to take out the Statement that this Plan of Care documents that person's choice of services and provider. That documentation will have to be done in a different way. Medicaid said that they wanted to see more documentation than the Plan of Care could provide. They want to see a list of providers and that the consumer (family or guardian) has actually picked certain providers from a list. We'll try to provide you with some kind of guidance as to what kind of form would be acceptable, but my intent is that somewhere down the line this will be a form in Harmony. This will be a while yet and in the mean time the case management agencies will need to create your own form (many already have something and that is fine to use).
9. Overall what we saw of Harmony this week was very encouraging. The time it took to process the claims through was nominal and the response back to the provider will be much quicker than earlier anticipated.
10. No questions from Stakeholders
11. Next call will be August 25, 2006